

Plan of Correction

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| Program Name: Northeastern Mental Health Center | Date Submitted: 5/14/18 | Date Due: 6/14/18 |
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| Administrative POC-1 | |
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| Rule #: Contract Attachment 1 | <p>Rule Statement: Populations to be Served It is the intent of the Division of Behavioral Health to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.</p> <p>A. Priority Populations Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:</p> <ol style="list-style-type: none"> 1) Pregnant Women <ol style="list-style-type: none"> a) Agencies must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment is given preference in admissions to treatment facilities receiving block grant funds. b) The agency shall publicize by public service announcement or street outreach programs the availability to such women of these treatment services designed for pregnant women and women with dependent children. c) Services for pregnant women/women with dependent children must comply with the provisions set forth in 45 CFR Sec. 96.124. d) Pregnant Women who are also Intravenous Drug Users are the highest priority for services. 2) Intravenous Drug Users <ol style="list-style-type: none"> a) The agency shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug use and to encourage the individual to undergo treatment for such use. b) The agency shall maintain a record of outreach services provided to intravenous drug users. c) Services for intravenous drug users must comply with the provisions set forth in 45 CFR 96.124 and 45 CFR 96.131. d) The agency shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles and shall develop and implement a policy to ensure they will not carry out any testing for the acquired immune deficiency syndrome without appropriate pre- and post-test counseling. 3) Adolescents <p>D. Limited English Proficiency Policy</p> <ol style="list-style-type: none"> 1) The agency shall develop and implement a Limited English Proficiency Policy (LEP), as a condition for funding under this contract agreement to ensure that LEP individuals are provided with an opportunity to participate in and understand all provided services. 2) The means of effective communication may be through interpreters or the translation of written material as deemed necessary by the Agency. |

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| Area of Noncompliance: To publicize priority services for pregnant women, women with dependent children, and IV users. To develop a Limited English Proficiency Policy. Both of these need to be documented. | |
| Corrective Action (policy/procedure, training, environmental changes, etc): A policy has been written to reflect the LEP requirements. On our website we will publicize our priority services under 45 CFR 96.124 and 131. | Anticipated Date Achieved/Implemented: Date By July 1 2018 |
| Supporting Evidence: Attached you will find this policy as well as a list of the services we utilize to support LEP. | Person Responsible: Intake coordinator, clinical staff. |
| How Maintained: A priority will be given to these clients seeking services from the first point of contact our intake coordinator. | Board Notified: n/a <input type="checkbox"/> |

| Client Chart POC-1 | |
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| Rule #: 67:62:08:05 | <p>Rule Statement: Integrated assessment. A mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 year of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following components:</p> <ol style="list-style-type: none"> 1) Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable; 2) Presenting problems or issues that indicate a need for mental health services; 3) Identification of readiness for change for problem areas, including motivation and supports for making such changes; 4) Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization; 5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history; 6) Family and relationship issues along with social needs; 7) Educational history and needs; 8) Legal issues; 9) Living environment or housing; 10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal; 11) Past or current indications of trauma or domestic violence or both if applicable; 12) Vocational and financial history and needs; 13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present; 14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder or gambling issues or a combination of these based on integrated screening; 15) Eligibility determination for SMI or SED for mental health services or level of care determination for substance use services, or both if applicable; 16) Clinician's signature, credentials, and date; and 17) Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or the formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis. |

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| Area of Noncompliance: Mental Health integrated assessments were missing on or more of the required elements. | |
| Corrective Action (policy/procedure, training, environmental changes, etc): [REDACTED] We will go over staff the requirements set forth and reiterate the necessity of this. Additionally, all supervisors will utilize this checklist to ensure that they are listed if applicable. | Anticipated Date Achieved/Implemented: Date July 1, 2018 |
| Supporting Evidence: [REDACTED] Please see attached clinical training example that is utilized when training staff. | Person Responsible: clinical staff and supervisors |
| How Maintained: [REDACTED] Supervisors will go over these requirements minimally annually with all staff, and they will also utilize checklist when signing off on paperwork. | Board Notified: n/a <input type="checkbox"/> |

| Client Chart POC-2 | |
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| Rule #: 67:62:08:07 & 67:61:07:06 | <p>Rule Statement: Mental Health Treatment plan: The initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01(8). Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation.</p> <p>The treatment plan shall:</p> <ol style="list-style-type: none"> 1) Contain either goals or objectives, or both, that are individualized, clear, specific, and measurable in the sense that both the client and the mental health staff can tell when progress has been made; 2) Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment; 3) Include interventions that match the client's readiness for change for identified issues; and 4) Be understandable by the client and the client's family if applicable. <p>A copy of the treatment plan shall be provided to the client, and to the client's parent or guardian if applicable.</p> <p>Substance Use Disorder treatment plan: An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record and includes:</p> <ol style="list-style-type: none"> 1) A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence; 2) A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified; 3) Measurable objectives or methods leading to the completion of short-term goals including: <ol style="list-style-type: none"> a) Time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress towards objectives; b) Specification and description of the indicators to be used to assess progress; c) Referrals for needed services that are not provided directly by the agency; and d) Include interventions that match the client's readiness for change for identified |

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| <p>issues; and</p> <p>4) A statement identifying the staff member responsible for facilitating the methods or treatment procedures.</p> <p>The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program.</p> <p>All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. The signature must be followed by the counselor's credentials.</p> | |
| <p>Area of Noncompliance: In review of the mental health charts fifteen treatment plans and for SUD charts seven treatment plans were not completed within 30 days of intake.</p> | |
| <p>Corrective Action (policy/procedure, training, environmental changes, etc): Clinical Supervisors will go over the requirement for completion of treatment plans within the 30 days of intake.</p> | <p>Anticipated Date Achieved/Implemented:</p> <p>Date By July 1, 2018</p> |
| <p>Supporting Evidence: Staff will be given a copy of the rule.</p> | <p>Person Responsible: Clinical Staff and Clinical Supervisors.</p> |
| <p>How Maintained: This will be checked in our quarterly review, staff will receive a printout monthly with dates of paperwork due.</p> | <p>Board Notified: n/a <input type="checkbox"/></p> |

| Client Chart POC-3 | |
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| <p>Rule #: 67:62:08:08</p> | <p>Rule Statement: Treatment plan review -- Six month review. Treatment plans shall be reviewed in at least six month intervals and updated if needed. Treatment plan reviews shall include a written review of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for the continued need for mental health services. Treatment plan reviews may be documented in the progress notes or other clinical documentation; however, any changes in the client's treatment plan goals or objectives shall be documented in the treatment plan. Treatment plan reviews shall include the mental health staff's signature, credentials, and date.</p> |
| <p>Area of Noncompliance: In review of the mental health charts twenty-two charts were missing one of the requirements.</p> | |
| <p>Corrective Action (policy/procedure, training, environmental changes, etc): Clinical staff will receive the requirements set forth in the rule. Clinical staff will go over the checklist when signing off on paperwork to ensure that they have the required information.</p> | <p>Anticipated Date Achieved/Implemented:</p> <p>Date By July 1, 2018</p> |
| <p>Supporting Evidence: Staff will be given a copy of the rule.</p> | <p>Person Responsible: Clinical staff and supervisors.</p> |
| <p>How Maintained: We will go over this in our QA audits.</p> | <p>Board Notified: n/a <input type="checkbox"/></p> |

| Client Chart POC-4 | |
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| <p>Rule #: 67:62:08:09</p> | <p>Rule Statement: Supervisory reviews. Staff meeting clinical supervisory criteria as defined in subdivision 67:62:01:01(8), shall conduct one treatment plan review at least annually. This review shall include documentation of:</p> <ol style="list-style-type: none"> 1) Progress made toward treatment goals or objectives; 2) Significant changes to the treatment goals or objectives; 3) Justification for the continued need for mental health services; and 4) Assessment of the need for additional services or changes in services, if applicable. |

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| <p>This review qualifies as a six month review pursuant to § 67:62:08:08. The annual supervisory review shall include the clinical supervisor's signature, credentials, and date.</p> | |
| <p>Area of Noncompliance: In review of the mental health charts eight charts were missing a supervisor review.</p> | |
| <p>Corrective Action (policy/procedure, training, environmental changes, etc): [redacted] Myself and the Clinical Director will go over supervisory reviews and hand out rule regarding this. They will still utilize the supervisory check box in the assessment and treatment plan to identify that this has been completed.</p> | <p>Anticipated Date Achieved/Implemented: Date By July 1, 2018</p> |
| <p>Supporting Evidence: [redacted] Clinical Supervisors will be given a copy of the rule.</p> | <p>Person Responsible: Exec Director and Clinical Director</p> |
| <p>How Maintained: [redacted] We will go over this in our QA audits.</p> | <p>Board Notified: n/a <input type="checkbox"/></p> |

| Client Chart POC-5 | |
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| <p>Rule #: 67:62:08:14 & 67:61:07:10</p> | <p>Rule Statement: Transfer or discharge summary. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.</p> <p>If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.</p> |
| <p>Area of Noncompliance: In review of mental health charts, twelve charts missing transfer or discharge summaries from the file.</p> | |
| <p>Corrective Action (policy/procedure, training, environmental changes, etc): We will go over the rule with all clinical staff.</p> | <p>Anticipated Date Achieved/Implemented: Date By July 1 1018</p> |
| <p>Supporting Evidence: [redacted] A copy of the rule will be handed out</p> | <p>Person Responsible: Clinical staff and supervisors.</p> |
| <p>How Maintained: [redacted] Staff will be given a list of clients and last date of contact. Staff will document attempts made to communicate with clients who did not return and a discharge will be completed following attempts.</p> | <p>Board Notified: n/a <input type="checkbox"/></p> |

| Client Chart POC-6 | |
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| <p>Rule #: 67:62:13:02</p> | <p>Rule Statement: Services provided by the center. Services should be provided in a location preferred by the client, including settings outside the center.</p> <p>Services should be provided within an integrated system of care. Services shall be provided according to the individualized needs and strengths of the client and shall be responsive to cultural differences and special needs. The following IMPACT services shall be provided according to the individualized needs of the client;</p> <ol style="list-style-type: none"> 1) Integrated assessment, evaluation, and screening; 2) Crisis assessment and intervention services available 24 hours per day, seven days per |

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| | <p>week;</p> <ol style="list-style-type: none"> 3) Case management; 4) Psychiatric services, with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy; 5) Psychiatric nursing services including components of physical assessment, medication assessment and monitoring, and medication administration; 6) Symptom assessment and management, including medication monitoring and education; 7) Individual therapy or counseling; 8) Group therapy; 9) Recovery support services; 10) Direct assistance to ensure ongoing opportunities for the client to obtain the basic necessities of daily life and perform basic daily living activities; 11) Psychosocial rehabilitative services provided on an individual or group basis to assist the client to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and progress towards recovery; 12) Liaison services to facilitate treatment planning and coordination of services between mental health and other entities; 13) Encouragement for active participation of family and supportive social network; and 14) Collateral contacts. <p>IMPACT services may not exceed a ratio of at least one primary therapist for every 12 clients served.</p> <p>A center shall provide clients with an average of 16 contacts per month with IMPACT staff and more often if clinically appropriate.</p> |
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Area of Noncompliance: In review of IMPACT charts, three charts did not meet the minimum of 16 contacts per month.

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| <p>Corrective Action (policy/procedure, training, environmental changes, etc): Our IMPACT supervisor will go over contacts weekly in group supervision. A note will be made in the charts to indicate why the minimum contact is not made for those that do not have it.</p> | <p>Anticipated Date Achieved/Implemented:</p> <p>Date By July 1, 2018</p> |
| <p>Supporting Evidence:</p> <p>A copy of this will be given to IMAPCT staff and supervisors.</p> | <p>Person Responsible: IMAPCT staff and supervisor.</p> |
| <p>How Maintained:</p> <p>IMPACT supervisor will go over contacts with staff regularly.</p> | <p>Board Notified: n/a <input type="checkbox"/></p> |

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| <p>Program Director Signature:</p>  | <p>Date:</p> <p>6-11-18</p> |
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Send Plan of Correction to:

Accreditation Program
 Department of Social Services
 Division of Behavioral Health
 811 E. 10th Street, Dept. 9
 Sioux Falls, SD 57103
 DSSBHAcred@state.sd.us

Priority Services

Northeastern Mental Health Center will adhere to 45 CFR 96.124 and 45 CFR 96.131. It is the intent of NEMHC to serve residents living in South Dakota. It is the Division of Behavioral Health's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.

45 CFR 96.131(a) requires the State, in accordance with this section, ensures that each pregnant woman in the State who seeks, or is referred for, and would benefit from such services is given preference in admissions to treatment facilities, such as Northeastern Mental Health Center. In carrying out this section, the State requires all entities that serve women to provide preference to pregnant women. Additionally, NEMHC will target IV drug users as well. Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:

1. Pregnant injecting drug users;
2. Pregnant substance abusers;
3. Injecting drug users; and
4. All others.

To ensure compliance with State and Federal requirements, and to serve clients in an equitable manner, NEMHC utilizes this as a priority needs screening process. All clients will be given an appointment and these 4 areas are a priority for first appointment availability.

Limited English Proficiency Policy

Northeastern Mental Health Center will provide language assistance necessary to ensure meaningful access to all programs and services of NEMHC.

Individuals accessing our services will first speak with our support staff. The support staff are aware of the services we utilize for assistance and they have immediate access to those numbers to call.

Out intake coordinator will discuss that the services we utilize for translation is no cost to them. Additionally, the clients are told who the center will use. If they have a preference for this service, they are told to tell us and we will do our best to use them.

Clinical staff are told prior to session that they will be seeing someone who will be utilizing a translation service.

If at any time the clinician or client is not happy with the services being utilized an alternative source will be contacted for future sessions.

